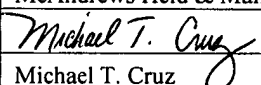
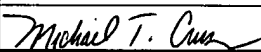
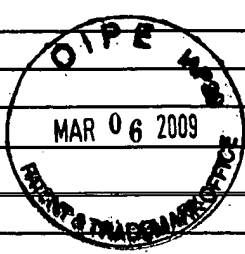
 <p>TRANSMITTAL FORM</p>		Application Number		09/492,265				
		Filing Date		January 27, 2000				
		First Named Inventor		Yi-Hsien Hao				
		Art Unit		2416				
		Examiner Name		Ng, Christine Y.				
Total Number of Pages in This Submission		7		Attorney Docket Number		20218US02		
ENCLOSURES (check all that apply)								
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD			<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal, 1 page, in duplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
Remarks								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm		McAndrews Held & Malloy, Ltd.						
Signature								
Printed Name		Michael T. Cruz						
Date		March 2, 2009						
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 2, 2009.								
Name (Print/type)		Michael T. Cruz		Registration No. (Attorney/Agent)		44,636		
Signature						Date		
						March 2, 2009		

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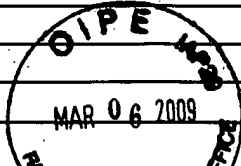
<p>Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2009</h3>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/492,265</td> </tr> <tr> <td>Filing Date</td> <td>January 27, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Yi-Hsien Hao</td> </tr> <tr> <td>Examiner Name</td> <td>Ng, Christine Y.</td> </tr> <tr> <td>Art Unit</td> <td>2416</td> </tr> <tr> <td>Attorney Docket No.</td> <td>20218US02</td> </tr> </table>		Application Number	09/492,265	Filing Date	January 27, 2000	First Named Inventor	Yi-Hsien Hao	Examiner Name	Ng, Christine Y.	Art Unit	2416	Attorney Docket No.	20218US02																																										
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SUBMITTED BY					
Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz	Date	March 2, 2009		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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METHOD OF PAYMENT (check all that apply)

- ☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy
- For the above-identified deposit account, the Director is hereby authorized to (check all that apply)
- ☒ Charge Fee(s) indicated below
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

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